



**A QUALITATIVE ANALYSIS OF RESILIENCE FACTORS TO FOOD  
INSECURITY AND POVERTY IN THE CONTEXT FOR HIV/AIDS IN PYRAMID  
COMMUNITY OF GAUTENG PROVINCE, SOUTH AFRICA**

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**Qualitative Data Analysis- Dimension Descriptions**

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## Overview

The data from the SARILabPyramid site was analysed by University of Pretoria SARILab team. The dataset was analysed to develop a “problem set” template. The template reflects the research and analysis around resilience carried out to date by SA RILab and provides a bridge from steps one (Context Analysis) and two (Resilience dimensions) to step three (Resilience Interventions) in ResilientAfrica Network (RAN)’s resilience framework (see below). The template consists of the following three sections:

- 1) Contextual assessment via literature review and secondary data analysis to prioritize resilience issues of focus, geographical communities of focus and questions for further investigation.
- 2) Qualitative assessments to examine vulnerabilities, causes, effects and adaptive strategies in views of a prioritized resilience issue to identify:
  - a) Contextualized resilience dimensions, and indicators;
  - b) Prioritized dimensions/entry points for resilience innovations for the target communities
- 3) Resilience Pathways Identification and Dimension Prioritization – A process to guide Southern Africa’s RILab’s resilience and innovation teams to identify and prioritize programmatic areas of intervention.

## Process to date

Full descriptions of the qualitative assessment methodology are included in this report. However, it’s worth highlighting a crucial step-contextual analysis, which preceded qualitative assessments.

Within the Contextual analysis process, RILabs used literature reviews and secondary data analysis to assess the causes and effects of shocks and stresses, vulnerability factors and coping strategies in their countries and regions. Having identified the vulnerabilities (shocks and stresses), RILabs then determined the vulnerabilities of greatest concern, priority units of focus (target communities/communities of focus), priority geographical units or populations or systems of focus as well as primary stakeholders. This prioritization process was based on relative magnitude or intensity of the challenge, the RILab’s comparative advantage, enabling environment, as well as complementarity to ongoing efforts. The selected RILabs themes were discussed, reviewed and refined in both RAN’s stakeholder meeting and Resilience



Assessment, Monitoring and Evaluation (RAME) workshops. RILabs then prepared protocols for qualitative resilience assessments focused on their respective themes (see textbox 1).

### Text box 1: RILab Focus resilience Themes

**East Africa:** *Climate Variability in East Africa:*

*The RILab is conducting research in three regions of Uganda to investigate their vulnerabilities to the core threats climate variability poses to development. Researchers from partner universities in Rwanda and the Democratic Republic of the Congo (DRC) are conducting research along a similar theme.*

**Horn of Africa:** *Climate Variability and Displacement in the Horn of Africa:*

*The Horn of Africa Resilience Intervention Lab (RILab) examines the important and complex relationship between climate variability, displacement, and conflict in more detail by looking at two pastoralist communities in the Borena region of Ethiopia.*

**Southern Africa:** *HIV/AIDS in Southern Africa*

- a) **South Africa:** *The Southern Africa RILab, through Pretoria University focuses on poverty and HIV/AIDS in Limpopo province and Pyramid, Pretoria.*
- b) **Zimbabwe:** *Southern Africa's RILab partner from the University of Zimbabwe will research the complex relationship between food insecurity, poverty and HIV/AIDS, using female-headed households as its focus community. It will seek to learn from existing tools of resilience used by these households to build up their resistance to poverty and hunger, such as self-help groups and credit cooperatives.*
- c) **Malawi:** *The Southern Africa RILab partner in Malawi, Lilongwe University of Agriculture and Natural Resources, has focused on analysis of Resilience Factors to Drought and Floods among HIV/AIDS-Affected Households in Chikwawa District, Southern Malawi.*

**West Africa:** *The Impact of Climate Variability on Communities in Informal Urban Settlements:*

*The West Africa RILab will investigate these threats and seek to strengthen the resilience of local communities.*

In the process of qualitative data collection and analysis, RILabs have received continuous support from Tulane University's Disaster Resilience Leadership Academy (DRLA) and RAN's secretariat. This support included workshops, field visits, virtual support and guidance notes (see Table 1). The guidance notes summarized in table 1 have provided the formats and approach by which RILabs have moved from transcripts of qualitative data to the intervention entry points.

**Table 1: Qualitative Resilience Assessment Guidance Notes**

Guidance	Scope
<p>General guidance for RAN Data Collection and analysis: PART I</p>	<p>Review of frameworks</p> <p>Products of qualitative research</p> <p>Examples of coding of transcripts</p> <p>Key data reporting requirements</p> <p>Problem set guidance</p>
<p>Qualitative Data Analysis Guidance for RAN Data Collection PART II</p>	<p>Creating resilience dimensions</p> <p>Overview of where the database should be before moving forward</p> <p>General explorative analysis of Dimensions and Analysis Framework Points</p> <p>Dimension-Specific analysis</p> <p>Summarizing the dimension information</p>
<p>Qualitative Data Analysis Guidance part III</p> <p>Analysis summary and creation of a context-specific resilience framework</p>	<p>Data analysis with Atlas TI</p> <p>Analysis Output (descriptions of the qualitative dataset and in-depth descriptions of each dimension found in the data).</p> <p>Fully Coded datasets in ATLAS Ti</p> <p>Pulling pertinent coded quotes from databases</p> <p>Dimension descriptions creation of the context-specific resilience framework</p> <p>Resilience Pathways: Creating a Context-Specific Resilience Framework</p>
<p>Qualitative Data Analysis Guidance part IV</p> <p><i>(Following learning from the Kampala resilience analysis workshop where</i></p>	<p>Defining Dimensions of Resilience (Using the RAN Dimension Lexicon to ensure that resilience dimension definitions are consistent across the network)</p> <p>Revised Resilience Dimensions Characteristics (emphasizing adaptation, coping, vulnerability factors, and causes/effects/drivers).</p> <p>Context Specific Resilience Framework (Analysis of interactions between dimensions and analysis framework units to organize dimensions into a context</p>

<i>RILab presented their first analysis)</i>	specific resilience framework)  Identifying entry points for innovations/interventions (Using the context-specific framework, to identify which dimension(s) are the best entry point(s) for interventions that would have a positive impact on overall resilience).
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### Next steps

The theme-specific resilience dimensions, contextual frameworks and entry points discussed in this report will form the basis of RAN’s innovation design work. In addition, this qualitative analysis will feed into the development of indicators and tools for the quantitative resilience assessment phase.

## Section 1 Contextual Analysis

Many African countries including South Africa have suffered many stresses in recent years which have exposed people to various vulnerabilities.<sup>1</sup> The multiple stresses have arisen from current climatic hazards, poverty and unequal access to resources, food insecurity, globalization trends, social and political conflicts and incidences of diseases such as malaria, tuberculosis and HIV and AIDS. Many of these shocks are knit in close and complex ways, as some of them are consequences of vulnerability they have created.

HIV/AIDS has been a source of stress to communities in South Africa. South Africa has the largest HIV epidemic in the world. The estimated overall HIV prevalence rate is approximately 11.2% of the total South African population. The prevalence rate of HIV among South Africans aged between 15-49 years is 16.6 per cent.<sup>2</sup>HIV affects not only the health of the infected individuals, but also the socio-economy of individuals, their families, and their broader community.<sup>3</sup> Extended families and communities, are the most effective responses enabling access to support for households facing crises.<sup>4</sup>People living with HIV do not only face sickness but also impaired productivity, declining income, and increasingly



difficult choices among essential but competing expenses, such as food versus health care.<sup>5</sup> However, while some people eventually succumb to these vulnerabilities, others recover from the shock and learn from the situation, such that they are able to maintain their livelihoods and increase their well-being. Understanding this adaptive capacity or resilience of those affected by HIV/AIDS is therefore important to promoting the well-being of those affected by HIV/AIDS and would particularly help inform the design of effective interventions that could be scaled.

This study is part of the Resilient Africa Network's (RAN) multicentre initiative to understand vulnerability and resilience in sub-Saharan Africa. South Africa is one of the three countries (along with Zimbabwe and Malawi) that are participating in the Southern African Resilience Innovation Lab (RILab) – the regional hub of RAN hosted at University of Pretoria - where this initiative is being undertaken. This rapid appraisal through community consultations was conducted after a review of literature on vulnerability and resilience in South Africa and was commissioned to validate some of the findings from the literature review. It is expected that the qualitative data from the rapid appraisal will also inform the process of developing quantitative tools to further measure resilience in the target community by informing the research teams on the dimensions of resilience and variability of different phenomena in these dimensions.

The study was conducted in the Pyramid community in Ward 96 Tshwane district in the North of Gauteng province of South Africa. Ward 96 Tshwane District is predominantly a farming area situated along the Old Warm Baths Road, also known as the R101, and it is located approximately 22 km North of Pretoria – the capital city. Most of the land is used for commercial farming or light industrial activity on plots. It has a population of 31,150 people with 9,372 households (StatsSA projections in 2013 based on 2011 census). The community is comprised mostly of makeshift houses known as shacks, and single rooms with poor ventilation and sanitation. Most of these make-shift houses are occupied by the farm workers and plot workers. There is high level of poor educational attainment with most of the adult population without a high school qualification. Many residents do not have identity



documents which makes accessing grants difficult. There are a number of foreigners living in the area who are prepared to work for very low wages. There is also a high level of unemployment. All of these factors contribute to a high level of poverty in the community.

The aim of this rapid assessment was to analyze the resilience factors among HIV/AIDS-affected households and the community at large, which are mitigating the effects of poverty on food security in Pyramid area in the Tshwane district. This would serve as a basis for informing development of resilience dimensions and resilience metrics in the community that can be used to monitor the impact of social development interventions on strengthening resilience of the community.

## **Section 2 Qualitative Assessment Data**

The SA RILab's University of Pretoria collected qualitative data (Focus Group Discussions and Key Informant Interviews) to explore causes, effects, vulnerability factors, and adaptive strategies with regard to our priority resilience theme, HIV/AIDS and poverty. This section will present the resilience qualitative analysis. The findings are organized as follows: (i) General Overview of Data; (ii) Resilience Dimension Descriptions and Findings; and (iii) Analysis Summary.

### **General Overview of Data**

This analysis covers 11 primary documents related to resilience to food insecurity and low income among HIV/AIDS affected communities in Pyramid, Gauteng Province of South Africa. The 11 primary documents were transcripts of 7 Key Informant Interviews (KIIs) and 4 Focus Group Discussions (FGDs), as follows;

- o 4 focus groups, of which:
  - 1 group Women only (female headed households)
  - 1 group of Males only ( male-headed households)

- 1 Group of Males and females of different ages from households with other vulnerable groups (HIV/AIDS, orphans, disabled)
- 1 group (Males and females under 25 years)
- o 7 Key Informant interviews were held with a health promoter based at Pyramid clinic, a social worker, a member of a Community Based Organisation (CBO), a clinic outreach nurse, clinic committee member and community children's rights champion, an educator at a local school, and the local councillor.

All focus group discussions were held in the local language of Setswana by two student research assistants. All key informant interviews were conducted in English. The transcripts were coded using Atlas Ti in order to identify main stressors, adaptive strategies, coping strategies, vulnerability factors and causes and effects. The stressors were ranked according to the frequency of quotes during analysis.

Table 2 shows that analysis of the FGDs primary documents by dimensions yielded a total of 283 quotes and KII's yielded 245 quotes. The FGDs with the mixed group of men and women of different ages yielded the most quotes (153) followed by the FGDs with men only (73 quotes). The FGD with women only yielded fewer quotes (26 quotes). The dimension with the most quotes for FGDs is the infrastructure dimension followed by Human Capital and Basic Services as people were likely to speak about things affecting them as a group rather than individual issues. For KII's the dimension with the most quotes is the Human Capital dimension (60 quotes) followed by Wealth (58) and Psychosocial (36) dimension.

Table 3 shows code-occurrences of the different dimensions. The Human Capital dimension co-occurs more frequently with other dimensions followed by the wealth and psychosocial dimension. The social capital dimension co-occurs the least with other dimensions. The infrastructure dimension co-occurs more with the Governance dimension being likely to be mentioned at least 4 times when Governance is discussed. Human Capital dimension co-occurs frequently with the Wealth dimension.



Table 4 shows the relationships between vulnerability factors, causes, effects and adaptive and coping strategies and the different dimensions. The Infrastructure dimension had the highest co-occurrences with the identified stressors followed by the Human capital dimension. The human capital dimension had the highest association with the causes and effects of the stressors. The highest number of adaptive and coping strategies was with the wealth dimension. The psychosocial dimension also followed the wealth dimension in terms of coping strategies. The human capital dimension had the highest co-occurrences with the suggested solutions.

**Table 2: Number of quotes under each Dimension identified per primary document**

	BASIC SERVICES	GOVERNANCE	HEALTH	HUMAN CAPITAL	INFRASTRUCTURE	PSYCHOSOCIAL	SECURITY	SOCIAL SUPPORT	WEALTH	TOTALS:
FGD mixed group	6	1	5	4	3	2	0	3	7	31
FGD mixed group- men and women all ages	31	12	17	13	29	7	18	8	18	153
FGD-women group	3	3	3	8	7	0	1	0	1	26
FGD men group	3	11	7	18	16	2	2	2	12	73
<b>Total</b>	<b>43</b>	<b>27</b>	<b>32</b>	<b>43</b>	<b>55</b>	<b>11</b>	<b>21</b>	<b>13</b>	<b>38</b>	<b>283</b>
KII 1	1	2	4	13	7	7	7	1	10	52
KII 2	2	6	2	8	10	8	1	1	5	43
KII 3	0	1	2	5	0	4	4	0	3	19
KII 4	0	4	1	6	3	0	0	0	6	20
KII 5	1	1	3	17	1	4	0	0	10	37
KII 6	3	4	4	6	1	11	3	0	8	40



KII 7	4	1	3	5	2	2	1	0	16	34
<b>TOTAL</b>	<b>11</b>	<b>19</b>	<b>19</b>	<b>60</b>	<b>24</b>	<b>36</b>	<b>16</b>	<b>2</b>	<b>58</b>	<b>245</b>

**Table 3: Dimensions by dimensions code co-occurrence table**

	<b>BASIC SERVICES</b>	<b>GOVERNANCE</b>	<b>HEALTH</b>	<b>HUMAN CAPITAL</b>	<b>INFRASTRUCTURE</b>	<b>PSYCHOSOCIAL</b>	<b>SECURITY</b>	<b>SOCIAL CAPITAL</b>	<b>WEALTH</b>
BASIC SERVICES	0	1	0	0	1	0	0	0	0
GOVERNANCE	1	0	1	1	4	0	0	0	1
HEALTH	0	1	0	2	2	2	0	0	2
HUMAN CAPITAL	0	1	2	0	3	4	4	0	7
INFRASTRUCTURE	1	4	2	3	0	0	0	0	1
PSYCHOSOCIAL	0	0	2	4	0	0	1	1	2
SECURITY	0	0	0	4	0	1	0	0	2
SOCIAL CAPITAL	0	0	0	0	0	1	0	0	0
WEALTH	0	1	2	7	1	2	2	0	0



**Table 4: Dimension by analysis framework points code co-occurrence table**

	BASIC SERVICES	GOVERNANCE	HEALTH	HUMAN CAPITAL	INFRASTRUCTURE	PSYCHOSOCIAL	SECURITY	SOCIAL CAPITAL
Adaptive strategy	1	2	1	3	0	1	0	4
Cause	0	2	2	3	1	2	1	0
Coping strategy	0	0	2	2	0	5	4	0
Effects	0	2	4	8	4	3	2	0
Stress	4	1	5	11	16	3	3	1
suggested solution	0	4	0	9	6	3	0	0
Vulnerability factor	1	1	0	14	6	3	5	0



## **Resilience Dimension Descriptions and Findings**

This section covers the key findings for each dimension. Each dimension of resilience is described based on the key findings from the qualitative research.

**Country and Geographic Area: (South Africa, Gauteng Province, Pyramid)**

**Focus issue: (Food insecurity and income in the context of HIV/AIDS)**

### **Dimension: Infrastructure**

#### **Dimension Description**

This includes the basic infrastructure or physical community or societal assets (e.g., roads, railways, and telecommunications) that people use to function more productively. The dimension describes the key challenges for community members related to housing. The Pyramid community is nestled within a farming area and most of the land is large agricultural holdings privately owned with no similar infrastructure to that found in nearby Pretoria. Most of the community members are local South Africans and immigrants from Zimbabwe and Mozambique who come to search for work on the farms.

Community members highlighted their lack of ownership of housing, complaining that they are forced to live in tiny 'shacks' on the plots owned by the farmers where they have to pay high rentals. There is no government provided housing in the area and this gives them a feeling of instability. The issue of corruption was emphasized as people struggle to access land. All four focus group discussions mentioned housing and bad roads, lack of recreational facilities and public services such as libraries and crèches as key infrastructure problems. There is a perception of corruption among the participants as community members in one FGD mentioned that they applied for land but were 'cheated,' as they have not been able to get the stands promised by government despite being made to pay a fee. While they acknowledged that the government is doing something, they asserted that it is inadequate.

*“The government is trying to make a difference but their problem is that they are not doing follow ups, if they take out money to build a road or something they will not come back and check if that road has been made or what.”(FGD men)*

The infrastructure dimension is closely connected with the basic services and wealth dimensions.

### **Coping Strategies**

One KII and FGD with men brought up the issue that people are forced to live in tiny shacks with no windows and have to pay rentals to plot owners. This results in unsanitary conditions and spread of diseases such as TB and cholera. People mentioned that they found sanctuary in taverns, where they avoid their landlords, which results in abuse of drugs and alcohol leading to social and health problems such as violence and even rape of minors and women. Lack of housing was mentioned by one KII as compounding psychosocial problems.

*“We have a problem with nyaope and again it brings us to the fact that the person has no proper infrastructure to stay in so it gives them the worthless feeling of life and they say at least I can go and smoke it and sleep in the pipes and I won’t get cold because the mind is not there altogether because of the drugs.” (KII, male)*

In addition the shacks pose a health risk for them.

*“Our shacks are not built properly, when it rains water gets in and we have kids. That’s a problem.”(FGD women group)*

### **Vulnerability Factors**

The following factors were mentioned in all four FGDs and by four KIIs.

- Lack of tarred roads- There are only dirt roads spreading dust leading to disease (FGD with women and FGD with men).

- No government housing- People live in small, unhygienic shacks on farm owner's plots of land. They lack money for rent and at most are at the danger of eviction from their plot owners. There is a perception that government is not doing enough to build roads and RDP housing (All FGDs and All KIIs lamented this issue).
- Lack of recreational centres such as crèches (3/7 KIIs mentioned this).
- Lack of shopping malls/centres for people to access basic services and even employment.
- Shacks built close to each other resulting in infestation of rats and hence a health hazard (FGD women).
- No police station in the area increasing their vulnerability to crime (All FGDs).
- No industries where they can work.

*“Pyramid is an area where there are only plots and farming, they don't have like firms where they can hire people or big malls where people can be hired the only source of income is in farming.” (KII, female)*

*“We also want RDP houses so that we can also have homes and our children can come visit when they have completed school and have a place to call home. There are no schools or crèches around here.” (FGD mixed group)*

*“You see P there is no infrastructure to talk about. You see there is not even a library for kids to go to read. In their homes there is nothing. There's just not much to talk about.” (KII, female)*

## **Causes and Effects**

The majority of participants in all four FGDs highlighted that poor infrastructure results in spread of diseases such as TB impacting on the health of the people. Participants highlighted that the dusty roads also increase the chances of people getting TB. One key informant mentioned that there was a TB outbreak on one of the plots. Other hazards such as fires spreading were mentioned.

*“The hazard we looking at is making fire, shacks burning down, kids being sick, the cold especially now in winter because we are staying in shack houses.”(FGD men)*

Some of the other effects mentioned in two FGDs included:

- Due to lack of housing, people are forced to sleep in the bushes, increasing their vulnerability to crime. When it rains people suffer in their small shacks.

*“We struggle to sleep at night; our beds will be wet from the rain. We need you to get us RDP houses.” (FDG women)*

*“Right now if I make you an example of the room I stay in, with my wife and kids, the door is chipped at the bottom so it leaves a gap (showing gap distance with hands) of about eighty centimetres from the bottom. It is really chipped so I try to block it out by using blankets and whatever so that things do not come in at night. Do you understand me? And it’s cold and I still pay for these sorts of things.”*

- The lack of proper housing has affected their perception of safety and also ability to look for other jobs.

*“My life would be better if I can have my own place, where my children can call it home. If only I could get a place where I will be able to live with my children, I will be able to leave them and know they are safe at home. I can go look for income since I do not work. Even if I take two days I know that my children are safe where they are. Now I am forced to be near them just for their safety because where they are and when their mother goes look for a job who will we leave the children with?”(FGD mixed group)*

- In addition there is a perception that they are also not safe because of the location of their shacks.

*“And we are not safe because we are close to the road, our shacks are close to the road and you know one mistake and the driver is off the road and hits your shack made out of boxes. It’s an accident.”(FGD mixed group)*

## **Suggested/existing solutions**

Participants in two FGDS (Women's group and men's group) suggested that the government should intervene and build houses and roads for them.

*“If we can get a tarred road, houses and electricity I think there will be less problems and stresses.”(FGD men)*

*“For me to have my own accommodation for myself and my family that will make me a happy man.”(FGD men)*

*“Because we struggle to sleep at night, our beds will be wet from the rain. We need you to help us to get RDP houses.”(FGD, women)*

## **Dimension: Security**

### **Dimension Description**

Aspects that comprise the security dimension include: exposure to personal and property crime, exposure to violent conflict, and personal sense of/perceived security. The key issues highlighted include the lack of security within their household dwellings. Because of lack of basic services such as toilets, people are forced to go outside, where women are more vulnerable to rape. Their makeshift household dwellings or shacks further expose them to the danger of criminals forcing their way in. FGD participants highlighted that the influx of illegal immigrants from Zimbabwe for example, is increasing their vulnerability. FGD participants also highlighted the lack of support from police services and indicated that there is no police station nearby, which increases their vulnerability in the face of criminals. This is also linked to the fact that they live close to the major busy road, with a lot of vehicles and people traffic passing by, which makes them more vulnerable. Poverty was highlighted as a key factor contributing to crime, as well as lack of morality leading to insecurity.



*“I think anger from the boys, because if you are in poverty you become angry because they don’t have money to even board a taxi or do something.” (KII female)*

### **Adaptive strategies**

Parents have resorted to watching their children all the time so that they do not fall prey to crime.

### **Vulnerability Factors**

Lack of police support and no police station nearby was highlighted by 3 FGDs as a factor increasing the vulnerability of people living in Pyramid.

*“Another thing is the police where we live are far from us, so maybe if there was a mobile police station nearby maybe it could reduce some things. Do you understand? Because right now it’s at Pretoria North. When you call them they will take 2, 3, 4 hours; sometimes they don’t even come. Do you understand? They will come the next day. So if there was a mobile police station nearby then you can quickly run to them and report anything. So you can’t run quickly to them when something happens because they are in Pretoria North. As soon as you leave your house, you will be confronted by others on the road.” (FGD, mixed group)*

*“And if you do not have the money for toilet use you’ll be forced to use the bush. The bush is a disaster because people rape. We are not safe.” (FGD mixed group)*

*“We are mixed with Zimbabweans and we are not safe. They wait for you to come back from the toilet and then attack you. They rob you.” (FGD mixed group)*

Women and children and the elderly in particular were highlighted in both FGDs and KII’s as vulnerable groups to crime.

*“When it is night time and you are female and you run out you will bump into them and they will do more stuff to you. Do you understand? So you end up not knowing what to do.” (FGD, mixed group)*

*“We do not have a school now children have to go far to attend school. I don’t know when what time they finish at school and when they come back someone can kidnap them, they are not safe. I’m referring to my child.” (FGD, mixed group)*

*“And even the elderly are quite vulnerable because some of them they cannot do anything they can’t read or write some are due for pension and people steal their money it’s a mess.” (KII, female)*

## **Causes and Effects**

This fear is so ingrained in people and causes psychosocial issues such as mistrust and fear.

*“That affects everyone, from parents to children, because when you see a child going behind the house you do not know what is happening there. That means you must always be looking after the child. When they go to the toilet they go out to the bush, you must watch them when they go to the toilet because you do not know what will take place behind the house. Anything can happen at any moment.” (FGD mixed group)*

Fear of crime has also meant mothers do not feel safe to leave their children alone to go and look for work.

*“If only I could get a place where I will be able to live with my children. I will be able to leave them and know they are safe at home. I can go look for income since I do not work. Even if I take two days I know that my children are safe where they are. Now I am forced to be near them just for their safety because where they are and when their*

*mother goes look for a job who will we leave them with? I am sure my children's lives would be a bit better. I will have the time to look for an income knowing they are safe.” (FGD mixed group)*

*“For me as I have mentioned before it's the fights that we have and the fights of the political party, some of us have been threatened by guns that's why we are always afraid we live like birds.” (FGD Men)*

### **Suggested/existing solutions**

Participants in two FGDs suggested that there is need for greater policing and vigilance in the area.

*“So if there was a mobile police station nearby then you can quickly run to them and report anything.” (FGD mixed group)*

## **Dimension: Psychosocial**

### **Dimension Description**

This dimension considers the psychological status and well-being of community members. Participants highlighted that poverty and lack of livelihoods results in people failing to cope, resulting in stress. They also highlighted that fear for their own lives results in them having no hope for a better future. This affects quality of life and ability to plan for the future. There was a perception that there was no future for people in Pyramid and this was highlighted in one FGD and two KIIs. This is linked to the security dimension where it was mentioned that people have fear of crime which affects their daily lives, their sense of safety and how they raise their children in the community.

Fear of disclosure of HIV was also highlighted due to fear of stigma and discrimination:

*“People are afraid to talk about HIV. They hide the disease because they do not get enough counselling and others are afraid of what the community will say.(FGD, mixed group- households with vulnerable members)*

This was also attributed to nurse’s behaviour:

*“Sometimes it is the behaviour of the nurses who are rude. That is why people hide when they are HIV positive. All the people in the household will also get stressed so people keep quiet” (FGD, mixed group- households with vulnerable members)*

### **Adaptive strategies**

Hope for the future was an adaptive strategy in this dimension.

*“Well for me I have hope that one day things will be alright.” (FGD men)*

### **Coping strategies**

Five out of seven KIIs and two out of four FGDs reported that people have resorted to using alcohol and drugs such as tobacco and even hard drugs like heroin to cope with their situation.

*“They are using alcohol as a way of forgetting their situation and after drinking alcohol they feel that they have dealt with the situation but tomorrow their problems will still be there.” (KII female)*

*“They may be poor but they will find the money to buy drugs. You see they are so poor they really need something to make them forget their daily challenges.” (KII, female)*



## **Vulnerability factors**

Participants highlighted that they are stressed and they feel like no one cares.

*“It is like they are saying we must kill ourselves. Do you understand? So they do not care.” (FGD, mixed group)*

*“I struggle to live God’s people. I do not work. I am complaining but I do not know why I complain. At night I worry even when I am sleeping. My heart is always aching. And when I go to the dumping site and I am not checked I feel like I should just remain in my shack.” (FGD, mixed group)*

*“I live under stress. Do you understand that an everyday stressed person without counselling can easily be infected by many illnesses easily?” (FGD, mixed group)*

School children have also lost hope that their situation will improve.

*“ In terms of their personal lives from the schools and reports I have read is that most of them they don’t care what happens it’s like they just give up in life and they are not interested in anything. But if you can listen to their stories most of them will tell you that I can work but is just that I can’t find work.” (KII, female)*

The elderly are particularly vulnerable as they cannot get jobs because they are too old and cannot get jobs and hence they have become hopeless

*“Like I explained, I went there and I was told that I am too old, we can youth, so that means I cannot look for a job, I have given up on it.” (FGD, mixed group)*

## **Causes and Effects**

Participants in two FGDs highlighted that the psychological stress and uncertainty has resulted in people living in fear.

*“These types of problems make life difficult to live because it makes us live in fear because you never know what is going to happen. If you do not have money towards the end of the month you start worrying about where you are going to sleep, so this eventually drives you crazy, do you understand? These types of problems just drive you crazy.” (FGD, mixed group)*

This has led to a situation of hopelessness and anger, which was mentioned by two KII participants.

*“Ahm most of them they have lost hope and the others they have just accepted the situation as it is, what I can say is that it’s hopeless.”(KII, social worker)*

*“I think anger from the boys, because if you are in poverty you become angry because they don’t have money to even board a taxi or do something.”(KII, health promoter)*

A lack of a sense of belonging was also cited as an issue by KII participants.

*“You know when I did the area profile and I also wrote it’s an industrial area so people don’t get a sense of belonging they don’t have short and long term plans in the area.” (KII, female)*

*“So people don’t have a sense of belonging to say that they can develop this place, there is no sense of ownership and they don’t do anything I think that why the problem lies.” (KII, female)*

Child abuse has become common, as noted by one female KII participant.

*“Our orphans are exploited. You would find that the parents died and they are taken by their aunties just for the grants (laughing) and those children are emotionally abused that’s why when we get hold of them we take them to the places of safety.”(KII, female)*



## **Dimension: Social support (social capital/community networks)**

### **Dimension Description**

This dimension includes forms of connectedness among individuals, households and groups (e.g., Community networks, formal and informal institutions). Participants indicated that they mostly use grants their family members receive such as child, foster and old age grants. In some cases they depend on their boyfriends and other family members for assistance in times of need.

### **Adaptive strategies**

Family support was highlighted as key by most participants. However it is often inadequate.

*“Yes, and if they do not have or do not want to give me there is nothing I can do because I am not finding a job.”(FGD, mixed group)*

*“I am struggling; even with food, I just get by asking from others.” (FGD, mixed group)*

The clinic has become a source of hope for people in the area linking the community members with opportunities for work, as highlighted by one of KIIs.

*“In the waiting area you would smell booze and meet very dirty people, so over the years that it has improved the clinic has become a source of information, a source of hope for some because they come and do volunteer work we try our level best to tell them if there are posts somewhere and we search on the internet for them for further training, we sent them to it. So people are starting to appreciate life and themselves.” (KII, female)*

*“I stay with my unemployed brother and our grandmother, and she’s the one who is trying to support us with her grant money.” (FGD, men)*

## **Coping strategies**

One KI mentioned that community members do not seek out other jobs or sources of livelihoods because of a dependence on grants.

*“I don’t know why it is but I think it’s because of the grants the government is giving them so they sit back and relax and think that I get a grant so I don’t have to go and work it also influences that.”(KII,male)*

## **Vulnerability factors**

Participants in the four FGDs highlighted that inability to get jobs was a major factor resulting independency on grants-child, foster and old age grants as well as other family members and partners.

*“Yes, and if they do not have or do not want to give me there is nothing I can do because I am not finding a job.”(FGD, mixed group)*

## **Dimension: Wealth**

### **Dimension Description**

Aspects of the wealth dimension include elements of livelihoods and food security.

- Livelihoods – This has to do with the activities required to make a living and have a good quality of life. It touches on individuals’ forms of (formal and informal)

- employment and sources of incomes, as well as activities and choices within the household and local population that provide food, health, income, shelter and other tangible and intangible benefits, such as comfort, safety, respect and fulfillment; and
- Food security – includes: Access (physical or economic) to sufficient, safe and nutritious food to meet dietary needs and food preferences; Systems for food production and distribution and their functioning (e.g. food markets, prices, transportation); Food availability: harvests/yields, livestock well-being, availability of seeds for planting; as well as food consumption behavior-nutrition, and absorption of nutrients.

The key problems highlighted include poverty and lack of a sustainable source of livelihoods, which leads to food insecurity. Systems of land ownership affected their ability to eke out a living. The Pyramid area is populated by local migrants as well as foreign migrants, primarily from Zimbabwe and Mozambique. Participants cited a lack of ownership and no sense of belonging, as they cannot call Pyramid home. While agriculture was highlighted as a potential source of living for the local people, there was a perception that people needed short term responses to improve their livelihoods as agriculture is perceived to take longer to bring results.

*“These little rooms they rent it’s not their land even if they owned the land agriculture is the most expensive thing even this criteria the government is using is not good, it’s not helping in a way because agriculture is a long term thing you eat every day, you dress every day, you need transport every day. They give you a piece of land and little seedlings to plant and you still have to wait for 3 month to get something from it, so I don’t know if they can improve that it would be a little bit better.” (KII, female)*

### **Adaptive strategies**

Participants in two FGDs noted that one of their adaptive strategies is to look for part time/odd jobs on farms. Additionally, picking scrap metal from dumping sites for resale can be



a source of income, although this is usually inadequate or unreliable and puts them at risk of being arrested by the police.

*“They are looking for jobs but you know jobs are not easy to get. Some look for jobs in the farms picking strawberries for instance.” (KII, female)*

*“Right now I live off scraps, collecting scraps and they are not guaranteed. Sometimes you find them; they get finished. You cannot pick up a piece of steel at a certain place and expect to pick up another the following day at the same place, it’s not possible.”(FGD, mixed group)*

*“Sometimes when I have collected scraps which I take to Bon Accord, I bump into police and they take them away. Do you understand?” (FGD, men)*

Some participants are involved in informal hairdressing and selling of local traditional beer, *umqombothi*. However, the income from these activities is inadequate and they are forced to look for formal jobs, which are hard to come by. Others are involved in governments’ public works programmes and do jobs like cleaning the streets. Others are involved in community gardening projects.

*“Yes there some people who have made little veggie gardens using old tyres. They really come out well you know. They are doing something about it and its helpful they are doing something about it.” (KII, female)*

The clinic has become a source of hope for people in the area linking the community members with opportunities for work as highlighted by one of KIIs.

*“In the waiting area you would smell booze and meet very dirty people, so over the years that it has improved the clinic has become a source of information, a source of hope for some because they come and do volunteer work. We try our level best to tell*



*them if there are posts somewhere and we search on the internet for them for further training... So people are starting to appreciate life and themselves.”(KII, health promoter)*

*“The department of health for instance, we take them as volunteers when counsellors are needed we sent them for counselling training and they are on a stipend.” (KII, Health promoter)*

### **Coping strategies**

Seven out of eleven key primary documents highlighted that because of poverty a lot of people in the community, including men and women, have now resorted to alcohol and spend much of their time at the local taverns (*shebeens*).

*“People don’t sleep because when you haven’t paid rent and it’s a Friday, it is the safest place to be. I will go there and stay up till morning.”*

All FGDs and KIIS highlighted that the majority of people depend on grants money which has created dependency. Sex work was highlighted as one source of income by 6/7 KII’s and all FGDs.

*“Like one of the ladies I once met she is involved in prostitution because there is no way she can get money or a job. Her family is living in Limpopo or Zimbabwe. She came here with the hope of getting a job but things did not work out for her and her qualifications are only matric and she ended up being a prostitute.” (KII, female)*

*“Everything comes through poverty, prostitution, sex work, they are poor they don’t know what to do, they have nothing.”(KII, female)*

Some illegal immigrants from Zimbabwe also come to South Africa with the hope of getting jobs, but end up falling into sex work and crime.



Two KIIS highlighted that some people prefer to beg but end up using the money on alcohol.

*“But I would also say that people are in a comfort zone....Some people still prefer to beg for a living. I saw this woman once who was sitting beside a tavern, she had been drinking and she was begging for money from me.” (KII, female)*

*“They are trying their best but you find then some of them going into crime and also prostitution so that they can get a little something to eat.”(KII,female)*

Crime was highlighted as a major coping strategy. This includes foreigners who also resort to crime to cope with hunger, poverty and exploitation by their employers.

*“They use foreigners a lot to do the hard work, mostly in Vaalman they will have that foreigner to come work for them. They will build a shack in the yard and sometimes they are not given food and that leads to crime because they will start stealing to get food.”(FGD, men’s group)*

### **Vulnerability factors**

The vulnerability factors highlighted in the discussions include poverty, lack of jobs and alternative sources of livelihoods, and exploitation by farm owners. Crime was mentioned as both a vulnerability factor but also as a coping strategy by some. Poor policing, and lack of land or property ownership were also mentioned as key vulnerability factors.

*“Do you understand? We have nothing, where we are we just live by ourselves here on the plots that belong to the Portuguese and other races.”(FGD,men)*

While all community members were highlighted as vulnerable to unemployment, participants in the men’s group highlighted that it is particularly difficult for older men to get jobs in the area.

*“And on top of that last year I, when they were hiring, took my copies there, at Power*



*and they said to me that side that I am old and they want youth there. They are the only people that they give work to.” (FGD, men)*

Immigrants were highlighted as a particularly vulnerable group because they are exploited on the farms.

*“You see these people come here because there is no xenophobia in Pyramid. There are mostly Zimbabweans, Somalis and even Nigerians. They do everything to come here to eke a living but it’s only when they reach here that it’s not the land of milk and honey that they expected and they are forced to work for little money on the farms.” (KII, clinic committee member)*

## **Causes and Effects**

Lack of money puts the community at risk of crime as they do not even have enough money to call the police in times of need.

*“And the police station when I call, I don’t even have a phone or it doesn’t have airtime. I have to pay to charge my phone.”(FGD mixed group)*

Sometimes working on the farms exposes participants to exploitation by the farmers.

*“I don’t know but they say their bosses do not pay them and sometimes they work without a break just to accomplish what they need.” (KII, female)*

Poverty was highlighted as driving people to drugs and alcohol abuse.

*“I think there’s a lot of substance abuse as well and drinking.” (KII, female)*

Food insecurity and poor nutrition was also highlighted in all FGDs.



*“I am staying with an orphan and he does not eat and he is on treatment so I battle to give him the food he likes.” (FGD mixed group- households with vulnerable members)*

### **Suggested/existing solutions**

Participant’s suggestions for interventions include government interventions, income generating projects, job creation, and fair payment by their farm employers.

*“But if there are projects like the government, we can unite and farm cabbages and the like. When we sell them the income will help us live. So that is how our lives can be improved.” (FGD mixed group)*

All FGDs and KIIs highlighted job creation as an important factor.

*“I think that jobs are the most important factor if we could get jobs there will be less problems. Walmansthal residents are committed to work together if they can be given a project.” (FGD mixed group- households with vulnerable members)*

*“Hmm you see this area it’s mostly populated by people who came here for work and you can’t call it a home, if people can get work even in the farm as long as they are paid fairly think they have the skills to do gardening and they can do it also in their homes, so the main issue is for the employers to pay people properly because they are doing something for them.” (KII, female)*

## **Dimension: Health/Health services**

### **Dimension Description:**

The Health/Health services dimension includes physical health factors such as health status with regards to illness/disease, injuries, access to health services, quality of health services

and WASH (water supply and consumption, sanitation and hygiene) such as the functioning of water and sanitation services, hygiene related illness, etc. The majority of people interviewed indicated that the clinic was too far and that they had illnesses such as HIV/AIDS, TB and asthma. Others mentioned poor service by the clinic staff.

### **Adaptive strategies**

In light of the long distance to the clinic for most households in the community, the community makes use of a mobile clinic to overcome this barrier. No coping strategies were mentioned under this dimension.

*“...what we also done is there is a mobile clinic that is going certain days to certain areas just to make the distance a little bit shorter for the people”*

(KII- Councillor)

### **Vulnerability Factors:**

Prostitution, the long distance to clinic, long queues at the clinic and attitudes of the clinic staff were mentioned as vulnerability factors under this dimension:

*“There are beautiful girls, if you there now you will find beautiful cars and when the girls see nurses they run away these daddies. There you will find run down shacks only. These girls will tell you that they are HIV positive, what can you do to us? We keep on feeding them with condoms but there’s ....we are killing them”. (KII, CBO member)*

*“They are there but the clinic is far, we don’t have that much of a problem with the ambulances they come when we call them but sometimes they tell us that they are not available.”(FGD, women).*

*“Did you notice how far it is from where we are from? Can a sick person come here on their own; you can an ambulance and it takes too long to come and you wonder if it will only*



*arrive the next day. What's keeping it busy? On my way I might get raped and that person might infect me and I still have my own problems to worry about and another person's AIDS". (FGD mixed group).*

### **Causes and Effects**

Poverty was mentioned as a cause of health problems in the community.

*"As I've mentioned poverty and er...you know HIV/AIDS because these people are living their own lifestyle". (KII, female)*

*"...kids being sick, the cold especially now in winter because we are staying in shack houses". (FGD, men group)*

### **Suggested/existing solutions:**

Participants suggested better service from the clinic, home-based care and educating the community about healthy living as potential solutions to these issues.

*"Better service from the clinic and better health." (FGD mixed group)*

## **Dimension:HumanCapital**

**Dimension description:**Aspects that comprise the human capital dimension include skills, knowledge, and labor that together enable people to pursue different strategies and achieve their livelihood outcomes-such as generating income, meeting their needs, etc.This dimension is closely connected to the wealthdimension. In the Pyramid community, there is unemployment, low level of education, and lack of skills.

*"Well lack of education is one of them, people here are not educated some can't even read or write that is why we give takes and show videos." (KII, female)*

*“People need to be told about the value of education. Get them to learn from the foreigners. They do suffer of course but I would say they are better than some of the locals because they do something to get a means to survive. People here so not care about education.” (KII, female)*

*“I have a problem of being unemployed.”(FGDmen)*

### **Coping strategies**

Some of the coping strategies mentioned included begging, crime and prostitution. No coping strategy was mentioned for the low level of education and lack of skills. No adaptive strategy was mentioned under this dimension.

*“Some people still prefer to beg for a living”. (KII, female)*

*“There are no jobs we start having crime”. (KII-Male)*

### **Vulnerability factors**

These include:

- Lack of identity document for parents which they need to register child in school
- Lack of skill needed to get jobs
- Poverty as a result of parents’ unemployment status

*“You will find children from those families and their lives become difficult they won’t go to school because of their parents are lacking the proper identification for them”. (KII, female)*

*“The jobs are there but they need skills but they are skilled to a certain level because others are skilled till grade 12 and others don’t even have grade 12 and they are forced to take on odd jobs in which they cannot afford the needs of the family. Those odd jobs it’s easy to them”. (KII, Female)*

*“Hmmm, since well this thing of poverty... hmm I don’t know what I can say. Even the parents they can’t help because they are not working even the children after passing matric*



*they can't go feather because of the money for them to go to university". (KII, Educator at the local school)*

### **Causes and Effects:**

Lack of skills and education cause unemployment. Distance to schools, especially high schools and parents' inability to pay transportation fares for the children lead to social vices among the youth.

*"Ok I get it; I think the thing is they don't qualify to do certain job and others they can't read. If you don't have the knowledge you can't get a job". (KII, female)*

*Most of the people are not working so they resort to that and we are also worried because er...there's no high school around this place so this children only go up to grade 7 and for grade 8, 9, 10, 11, 12 they must either register at Hammanskraal for a high school or Soshanguve so if the parents cannot afford transport money they end up being in the street to selling their bodies so it's er...really pathetic. (KII, female)*

### **Suggested/Existing solutions:**

Skills training/development and physical access to education were suggested as potential solutions in this dimension.

*"What I can add is I was asking for skill training because without education life is not alright, if skill training for the people are provided it will be much better". (FGD, men group)*

*"I really believe that if we can do more for them, I'm not saying give them a house give them all those things the first thing we have to give them a little bit of training to make them understand what it's all about". (KII, male)*



*“Yah but if you get the skills you can get a job anywhere else they can get opportunity somewhere else, because if you don’t have skills there is no way you can get the them somewhere to get that job”.* (KII, female)

## **Dimension: Governance**

### **Dimension Description:**

Governance describes the activities, processes and frameworks with which political, economic and administrative authority is exercised to manage the affairs of the community. It also includes issues of accountability, transparency, inclusiveness and responsiveness by the government. The majority of people interviewed indicated that the political party and the councillor were not doing much for the community in terms of providing social grants, building of schools and tarring roads. There was a perception that politicians do not fulfil the promises they make during their election campaigns. However, some believe the government is trying.

*“Because right now we can say on the one hand government has forgotten about us because right now there is a White councillor in the area that we are in. So I have never ever heard them say the councillor is visiting the plots to see how people are living.”*

(FGD, mixed group)

*“I blame the government, they promise but they do not deliver”.*(FGD, mixed group)

### **Adaptive strategies and coping strategies:**

None were mentioned.

### **Vulnerability Factors:**



The following factors were identified as vulnerability factors under this dimension:

- Poor government services in the community
- Apathetic attitude of the councilor.

### **Causes and Effects:**

The majority of participants believed that the councillor was not a grassroots politician and that he did not have time for the community.

*“We don’t know our councilor, even our ward number. So we don’t know where to go for help” (FGD-women group)*

### **Suggested solutions:**

Participants suggested that the councillor and government departments should be involved in the activities of the community.

*“I think maybe if we can have more government being involved in the community, people come here for employment and they have no other place to go, so the government needs to intervene for the people.” (KII, Social worker)*



## **SECTION 3: Resilience Framework and Entry Points for Interventions**

### **Country and Geographical Area:**

**Focus issue:** Food insecurity and income in the context of HIV/AIDS

**Resilience Framework** for Food insecurity and income in the context of HIV/AIDS in Pyramid community, Gauteng Province, South Africa

### **Overview and Description of Framework**

The study identified nine resilience dimensions including Infrastructure, Basic Services, Health, Social Support, Psychosocial, Human Capital, Security, Governance and Wealth. Figure 1 below shows the resilience framework for Pyramid as constructed from the findings of the study. The bottom level of the framework shows the underlying causes of vulnerability, the middle-level shows immediate causes of vulnerability, the left side shows enabling factors and the upper level is the outcome dimension. The infrastructure dimension is seen as the underlying cause of vulnerability for the community in Pyramid. The immediate impacts of the infrastructure dimensions directly and indirectly affect the psychosocial dimension, security, basic services, health and human capital dimension. The supportive or enabling factors include social support (through family members, grants and support from government) and the governance dimension as participants highlighted the support from the local councillor and leadership. Wealth is the outcome dimension. While wealth is an outcome dimension, it is also described as an underlying cause of vulnerability as participants indicated that wealth has an impact on how they access food for their families as well as their health status (most people had family members with HIV or TB). It also affects how people are able to access education and vocational training, which has an effect on their employability and ability to get skilled and better paying jobs which creates a vicious cycle and impedes their ability to adapt to their situation.



There are close links between the infrastructure, basic services and the health dimension. The infrastructure dimension is highlighted as the key underlying cause of vulnerability as participants' highlighted linkages between poor housing, roads and access to clean water resulting in spread of diseases such as TB, cholera and HIV. Some of the coping strategies worsen their vulnerability as people cope with drugs and alcohol in order to deal with the stress of living in poor structures. The infrastructure dimension becomes a key impact on health and human capital. In order to cope, people are forced to work in poor conditions as labourers on the farms where they earn very little income. One of the challenges to be navigated is the poor social ties to the community, as a large proportion of the workers on the farms are local and foreign immigrants. Lack of housing resulted in vulnerability to crime and insecurity of the community overall. The psychosocial dimension is linked to the security dimension; the underlying driver being fear, lack of a sense of security resulting in a sense of hopelessness, which permeated through all conversations with the participants. However, others still held on to some hope for the future. Participants spoke about social support from family members, but spoke little of any outside. They lamented their constant daily fears and struggle for survival. Social support in the form of grants was highlighted, though it resulted in high dependency. This was compounded by the fact that the majority of participants have no social ties or sense of belonging in the community, since they migrated from either outside Pyramid or outside South Africa. The high unemployment results in greater dependence on social grants. While wealth is shown as an outcome, lack of wealth is also described as an underlying cause of vulnerability for people. High unemployment and lack of sustainable livelihoods results in food insecurity. However participants also mentioned adaptive strategies such as doing odd jobs on farms, such as picking fruit, and hair-dressing, although some people resort to coping strategies such as illegal selling of traditional beer and sexwork.

The findings of the study concur with literature which shows that household earning potential, less education and fewer assets can also affect food security.<sup>7</sup> Household income is considered the gold standard for household food access, and a reliable indicator of overall household food security.<sup>11,12</sup> Livelihood strategies are pursued in an attempt to increase income and asset base, to spread or reduce risk by increasing security through adaptive



strategies and to mitigate the impact of shocks by using coping strategies.<sup>13</sup>When a particular shock occurs, households undertake a number of strategies to relieve the impact of the shock. From a range of coping options, households initially adopt a coping strategy that is non-erosive to enable it to survive without disintegration or significant cost.<sup>14</sup>However, in the case of Pyramid community, members were often resorting to negative coping strategies that lead to crime. The literature shows that social networks remain an important strategy to cope with idiosyncratic shocks.<sup>14-16</sup>In the case of Pyramid, however, there is evidence of limited support from other social networks, owing to the fact that the target population were immigrants. . Strategies that build on social capital will be of great benefit to the community.

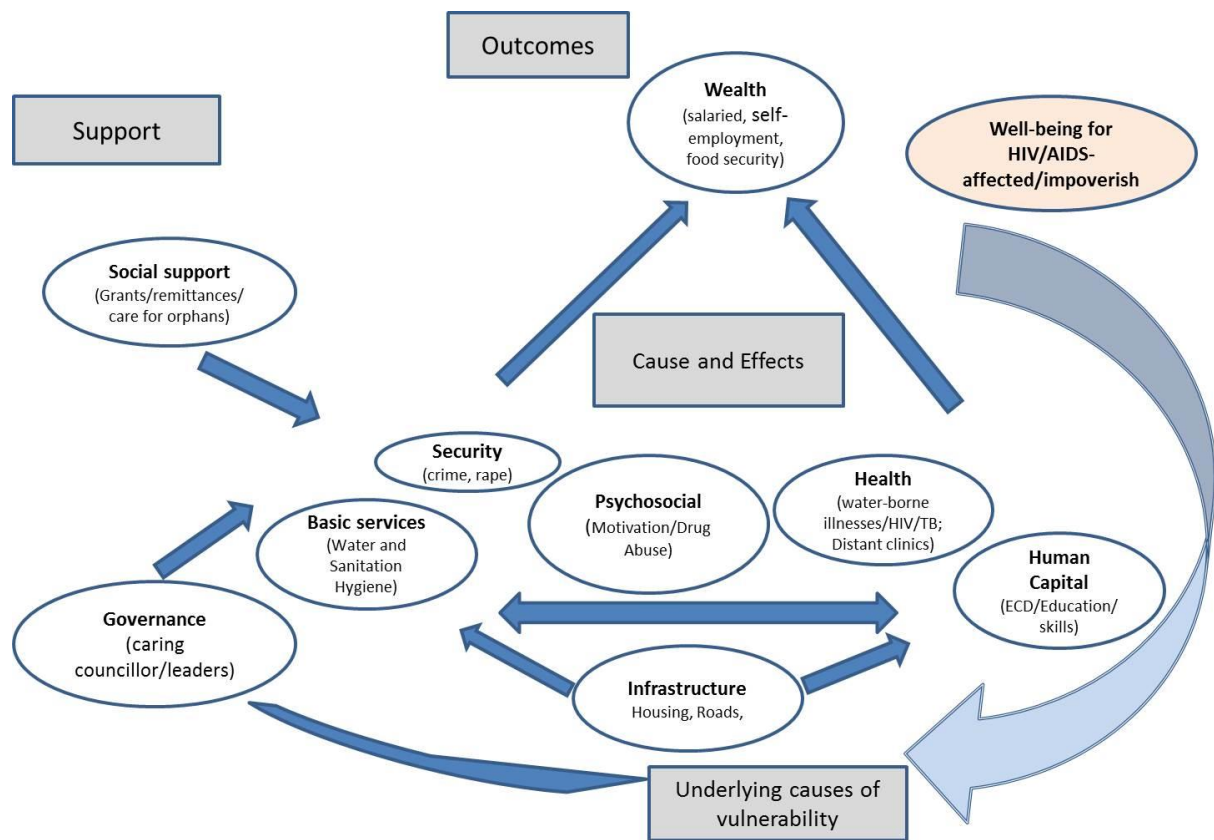
### **Pathways and Possible Entry points**

Given that many of the highlighted challenges were a result of lack of skills and education, a potential entry point could be to increase the human capital of the community members by building on basic education, knowledge and business/entrepreneurial skills; these skills are important to increase their employability, expose them to other livelihood sources, as well as increased income which will create a positive impact on the wealth and subsequently the health of the family. Unemployment has often been linked to household food insecurity in South Africa.<sup>17</sup>Given the short term nature of most relief efforts for communities, it is better to build on the community's adaptive capacity and subsequently resilience. FGDs and KII's pointed out that the unemployed community members sometimes adapt to their situation by engaging in temporary work, and that many of them are already involved in some form of trade, for example picking up recycling materials for resale. Others mentioned that their income generating projects failed. If given entrepreneurial and business skills, their small projects could be turned into profitable businesses.

While there were suggestions for improvement, often participants pointed to government interventions such as building of RDP houses which are long term solutions and also pointed to the communities' state of dependence on outside help. There is need for lasting solutions to improve the communities' income. The potential interventions point to solutions that increase

job creation, entrepreneurial skills, social and financial inclusion and building of social capital.

Figure1: Resilience framework for Pyramid





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